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Bib Data Sheet

CONFIRMATION NO. 5412

SERIAL NUMBER 09/375,676	FILING DATE 08/17/1999 RULE	CLASS 356	GROUP ART UNIT 3662	ATTORNEY DOCKET NO. 990504/LH	
APPLICANTS MASAHIKO KATO, AKIRUNO-SHI, JAPAN; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** JAPAN 10-235504 08/21/1998 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/03/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY JAPAN	SHEETS DRAWING 2	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 3
ADDRESS 1933 FRISHAUF, HOLTZ, GOODMAN & CHICK, PC 220 5TH AVE FL 16 NEW YORK, NY 10001-7708					
TITLE SELF REFERENCE TYPE DISTANCE MEASURING METHOD AND DISTANCE MEASURING APPARATUS USING AN OPTICAL PULSE					
FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)		



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			INDEPENDENT CLAIMS 3	
ADDRESS 09133				
TITLE SELF REFERENCE TYPE DISTANCE MEASURING METHOD AND DISTANCE MEASURING APPARATUS USING AN OPTICAL PULSE				
FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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APPLICANT

MASAHIKO KATO, AKIRUNO-SHI, JAPAN.

CONTINUING DOMESTIC DATA***

VERIFIED

ALB none

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

JAPAN

10-235504

08/21/98

ALB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/03/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JPX	SHEETS DRAWING 2	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Initials <i>ALB</i> Initials				

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NEW YORK NY 10017-2023

TITLE

SELF REFERENCE TYPE DISTANCE MEASURING METHOD AND DISTANCE MEASURING
APPARATUS USING OPTICAL PULSE

FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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